

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC

ADDRESS (number and street) ▼

2350 KERNER BLVD., SUITE 250

☐ Check if different than previously reported. (ACC)

SAN RAFAEL

CA

94901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00491571

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Armeen Komeili

Signature of Treasurer

Armeen Komeili

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 13 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">21676.01</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">21676.01</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">7900.00</span>	<span style="border: 1px solid black; padding: 2px;">7900.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">29576.01</span>	<span style="border: 1px solid black; padding: 2px;">29576.01</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8500.00</span>	<span style="border: 1px solid black; padding: 2px;">8500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">21076.01</span>	<span style="border: 1px solid black; padding: 2px;">21076.01</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7500.00

7500.00

(ii) Unitemized .....

400.00

400.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7900.00

7900.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

7900.00

7900.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7900.00

7900.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

7900.00

7900.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8500.00	8500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7900.00	7900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7900.00	7900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICIA BROWN**

Mailing Address PO BOX 41288

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEP ADMINISTRATIVE SERVICES, INC.

Occupation

VICE PRESIDENT OF PAYROLL OPERATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2015

Transaction ID : INCA134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOHN HADITY**

Mailing Address 157 W 106TH STREET, APT 5D

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEP ADMINISTRATIVE SERVICES, INC.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Transaction ID : INCA136

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARKHAM GOLDSTEIN**

Mailing Address 711 GEORGIAN ROAD

City

LA CANADA

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEP ADMINISTRATIVE SERVICES, INC.

Occupation

PRESIDENT/CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : INCA138

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

6500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)

**A. JOE SCUDIERO**

Mailing Address 500 VIA MEDIA

City State Zip Code  
 PALOS VERDES ESTAT CA 90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEP ADMINISTRATIVE SERVICES, INC.

Occupation

SENIOR VICE PRESIDENT AND LABOR COL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 28 2015

**Transaction ID : INCA139**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

**Transaction ID : EXPB127**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

**RICHARD E. NEAL**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

**B. DAN COATS FOR INDIANA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

Mailing Address PO BOX 301141

City	State	Zip Code
Indianapolis	IN	46230

**Transaction ID : EXPB128**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

**DAN COATS**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

Mailing Address P.O. BOX 44369

City	State	Zip Code
EDEN PRAIRIE	MN	55344

**Transaction ID : EXPB130**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

**ERIK PAULSEN**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)

**A. KLINE FOR CONGRESS**

Mailing Address 350 W BURNSVILLE PKWY STE 375

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement

011

Candidate Name

**JOHN P. KLINE JR.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

**Transaction ID : EXPB129**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Purpose of Disbursement

011

Candidate Name

**RICHARD E. NEAL**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

**Transaction ID : EXPB132**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement

011

Candidate Name

**CHARLES E. SCHUMER**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : EXPB141**

Amount of Each Disbursement this Period

100.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC

### A. FRIENDS OF SCHUMER

Three credit cards are shown side-by-side. The first card displays the number 05, the second displays 13, and the third displays 2015. Each card has a small logo in the top left corner consisting of two small squares, one above the other, with the letters M, D, and Y respectively.

Category/ Type	011
-------------------	-----

1900.00

CHARLES E. SCHUMER

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

State: NY District:

## B. TOM REED FOR CONGRESS

Three digital displays showing the date 05/13/2015 in MM/DD/YYYY format. The first display shows '05' with 'M' labels above. The second shows '13' with 'D' labels above. The third shows '2015' with 'Y' labels above. The displays are separated by slashes.

011  
Category/  
Type

1000.00

TOM REED

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: NY District: 23

**C.**

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

2900.00

8500.00